

11/15/05 (131)

INMATE COMPATABILITY STATEMENTDate: 4/11/05STATEMENTINMATE: Marshall Jones 3/229797

I do certify by my signature below that any differences or problems between myself and Inmate Richard Wright have been resolved. I further state that should any further problems arise between the above named inmate, and myself I will contact the nearest Correctional Officer and request assistance. I certify that I will not attempt to take any actions on my own. I have been informed that any further confrontation pertaining to this matter will result in disciplinary action being taken or me being placed in segregation. I do make the above statements of my own free will without any coercion, promises, or any threats being made to me by anyone.

Marshall Jones (229797)  
Inmate's Name & AIS Number

STATEMENTINMATE: Richard Wright 3/187140

I do certify by my signature below that any differences or problems between myself and Inmate Marshall Jones have been resolved. I further state that should any further problems arise between myself and the above named inmate, I will contact the nearest Correctional Officer and request assistance. I certify that I will not attempt to take any actions on my own. I have been informed that any further confrontation pertaining to this matter will result in disciplinary action being taken or me being placed in segregation. I do make the above statements of my own free will without any coercion, promises or any threats being made to me by anyone.

Refused to sign.  
Inmate's Name & AIS Number

**OFFICER'S SUMMARY OF INCIDENT:**

Inmate Wright states that Jones & he shared a segregation cell at Bullock. Inmate Jones never threatened him but made indirect threats by stating what Jones did to another inmate. They were both moved to VCC sat & talked together for several days w/ no problem. Then Wright got nervous.  
(Note: If additional space is needed, use reverse side)

Mark Stahl

Counseling Officer

M. Stahl

4-11-05

Witnessing Officer

Exhibit (1A)

11/15/05 (130)

STATE OF ALABAMA  
 DEPARTMENT OF CORRECTIONS  
 VENTRESS CORRECTIONAL FACILITY

TO: Chairman  
 Institutional Enemies Validation Committee  
 Ventress Correctional Facility

FROM: Classification

RE: ~~RICHARD WRIGHT B#487140~~

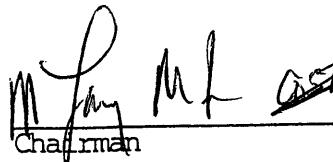
In accordance with Special Order #435, the following names are submitted for your review as being the named enemies of the above captioned individual. Please review as appropriate and advise the classification coordinator as to the validity of this claim.

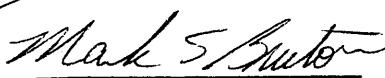
MARSHALL JONES B/229797

\*\*\*\*\*

DATE: 4/11/05

After a judicious review of this matter including a file review and an interview with the inmate in question, the following is the decision of this board: ON 4/11/05 INMATE WRIGHT MADE THIS STATEMENT TO SGT. SEALS AND MARK BRUTON, CLASS. SUPV. INMATE WRIGHT STATED THAT INMATE JONES AND HE SHARED A SEG CELL OVER AT BULLOCK TOGEATHER (CONFIRMED). INMATE WRIGHT ALSO STATED THAT INMATE JONES NEVER THREATENED HIM NOR DID THEY EVER HAVE A PHYSICAL CONFRONTATION WITH EACH OTHER. THEY WERE BOTH TRANSFERRED TOGEATHER OVER TO VENTRESS ON 3/4/05 AND REMAINED IN POPULATION TOGEATHER UNTIL 3/17/05 WHEN INMATE WRIGHT STATED THAT INMATE JONES WAS HIS ENEMY. DURING THE 13 DAYS THAT THEY WERE BOTH HERE AT VENTRESS TOGEATHER, INMATE WRIGHT STATED THAT THEY SAT AT THE SAME DINING ROOM TABLE ATE TOGEATHER AND TALKED. HOWEVER, ON 3/17/05 INMATE JONES AGAIN TALKED ABOUT WHAT HE HAD DONE TO ANOTHER INMATE AT BULLOCK AND INMATE WRIGHT TOOK IT AS AN INDIRECT THREAT TO HIM. INMATE JONES HAS SIGNED A COMPATABILITY STATEMENT. INMATE WRIGHT REFUSES TO SIGN IT BUT DID STATE HE DIDN'T WANT ANY TROUBLES AND WOULD NOT GET INTO A PHYSICAL CONFRONTATION WITH INMATE JONES. NO ENEMY SITUATION EXISTS

  
 Chairman

  
 Mark S. Bruton  
 Member Class. Supv.  
 4/11/05

  
 Daniel Parker  
 Member

Exhibit (2 A)

Bullock Co. Corrections

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**INMATE NAME: Wright, RichardVIOLATION OR REASON: 31 assault on another inmateDATE & TIME RECEIVED: 11-3-04 @ 10:40 pmAIS NO: \_\_\_\_\_ CELL: # 8ADMITTANCE AUTHORIZED BY: Lt. M. Barnes

DATE &amp; TIME RELEASED: \_\_\_\_\_

PERTINENT INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN									
	DAY									
	EVE									
MON										
	MORN									
	DAY									
	EVE									
TUE										
11/3/04	MORN									
	DAY									
	EVE	n	n	n			n	n		
WED										
11/4/04	MORN	y	n	n			Spursey	n		
	DAY	y	n	n			VJ Haze	n		
	EVE	y	y	n			(P) Haze	n		
THUR										
11/5	MORN	y	y	n			Spursey	n	0 much	
	DAY	y	y	n			752-800	n	0 much	
	EVE	y	y	n			RTG	n	0 much	
FRI										
11/6	MORN	n	y	y			Lindsey	n	0 much	
	DAY	y	y	y			1000-1010	n	0 much	
	EVE	y	y	n			Dilorenzo	n	0 much	
SAT										
11/7	MORN	n	-	n			Lindsey	n	0 much	
	DAY	y	-	n			Refused COT	n	0 med	
	EVE	y	y	n			RTG	n	0 med	
SUN										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

CONFIDENTIAL RECORD  
NOT TO BE PHOTO COPIED  
NOT PROFESSIONAL USE ONLY

PRISON HEALTH SERVICES  
SEGREGATION LOG

MONTH	YEAR 2004																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															
JULY																															
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER																															

FOR PROFESSIONAL USE ONLY  
CONFIDENTIAL RECORD  
NOT TO BE PHOTOCOPIED

KEY:  
M - MEDICAL  
D - DENTAL  
P - PSYCHIATRIC  
N/C - NO COMPLAINTS

NURSES SIGN AND INITIAL

Kirk  
Linda  
Tina  
Suzanne

Bullock Co. Corrections

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard Wright  
 VIOLATION# 31 ASSAULT ON ANOTHER INMATE  
 OR REASON  
 DATE & TIME  
 RECEIVED: 11/3/04 10:40

AIS NO: 8/87140 CELL: # 4  
 ADMITTANCE  
 AUTHORIZED BY: H. Guendolyn Babers  
 DATE & TIME  
 RELEASED:

PERTINENT  
 INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11/29	MORN	Y			NO	NO	Refused	ND	o med	Julie Elliby C. Rockley Lynn, COI
	DAY	N			NO	9:45-8:30	Kim	ND	o med	
	EVE	Y	N	N	N	N	VSAT	N	o med	
11/30	MON	Y			NO	NO	Refused	ND	o med	Julie Elliby C. Rockley Lynn, COI
	MORN	N			NO	12:00-12:45	WIA	ND	o med	
	EVE	Y	Y	N	ND	15 min	ND	ND	o med	
12/1	TUE									Julie Elliby S. Smart, COI L. Brown, COI
	MORN	X			NO	NO	Refused	ND	o med	
	DAY	N	N	N	N	N	VSAT	N	o med	
12/2	EVE	Y	N	N	N	N	VSAT	N	o med	Julie Elliby S. Smart, COI L. Brown, COI
	MORN	Y			NO	NO	Refused	ND	o med	
	DAY	N	N	N	Refused	WIA	ND	ND	o med	
12/3	EVE	Y	Y	N	N	N	Refused	ND	o med	Julie Elliby C. Rockley L. Brooks, COI
	MORN	Y			NO	NO	Refused	ND	o med	
	DAY	N	N	N	N	N	Refused	N	o med	
12/4	EVE	Y	N	N	N	N	Refused	N	o med	D. Johnson, COI C. Rockley, COI L. Brooks, COI
	MORN	N			N	N	Refused	N	o med	
	DAY	Y			N	N	Refused	N	o med	
12/5	EVE		Y	N	N	N	Refused	N	o med	C. Rockley Lynn, COI
	MORN	N			N	N	Refused	N	o med	
	DAY	Y			NO	Refused	Refused	ND	o med	
STIN	EVE		Y	R	N	N	Refused	N	o med	C. Rockley Lynn, COI

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
 and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Exhibit (4A)

## Bullock Co. Corrections

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME:

Richard Weight

AIS NO: B/187140

CELL: #

VIOLATION#

31-ASSAULT ON ANOTHER INMATE

ADMITTANCE

OR REASON:

AUTHORIZED BY:

DATE &amp; TIME

DATE &amp; TIME

RECEIVED:

10:40 p.m.

RELEASED:

PERTINENT

INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
1/3	MORN	Y			NO	NO	Albert	NO	o med	Julia Elliston
	DAY	N			NO	NO	Albert	NO	o med	
	EVE		Y	ND	NO	Albert	Albert	ND	o med	
1/4	MORN	Y			NO	NO	Albert	NO	o med	Julia Elliston
	DAY	N			NO	NO	Albert	NO	o med	
	EVE		Y	Y	NO	Albert	Albert	NO	o med	
1/5	MORN	Y			NO	NO	Albert	NO	o med	B. Adams, COI
	DAY	N			NO	Refused	Albert	NO	o med	
	EVE		Y	N	NO	Albert	Albert	NO	o med	
1/6	MORN	Y			NO	Albert	Albert	NO	o med	L. Patterson, COI
	DAY	N			NO	Refused	Albert	NO	o med	
	EVE		Y	Y	NO	Albert	Albert	NO	o med	
1/7	MORN	Y			N	N	Albert	NO	o med	C. Young, COI
	DAY	N			N	N	Albert	NO	o med	
	EVE		Y	N	N	N	Albert	NO	o med	
1/8	MORN	N			N	N	Albert	NO	o med	C. Young, COI
	DAY	Y	N		N	Y	Albert	NO	o med	
	EVE		Y	N	N	N	Albert	NO	o med	
1/9	MORN	N			N	N	Albert	NO	o med	E. Williams, COI
	DAY	Y	N		N	N	Albert	NO	o med	
	EVE		Y	N	N	N	Albert	NO	o med	
SUN										Young, COI

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.  
 Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
 and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Exhibit (5A)

Bullock Co. Corrections  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME:

VIOLATION

OR REASON:

DATE &amp; TIME

RECEIVED:

PERTINENT

INFORMATION:

AIS NO.:

CELL: #

ADMITTANCE

AUTHORIZED BY:

DATE &amp; TIME

RELEASED:

191  
101

DATE	SHIFT	MEALS			EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S					
2/1/05	MORN	Y	N	N	N	Alben	N	Refused Hads	J. Ellis, COI
	DAY	Y	Y	N	N	Know	N	Refused	Hall, COI
	EVE	Y	Y	N	N	CCOT	N	Ref. tylenol	J. Biggs, COI
MON	MORN	Y	Y	N	N	Alben	N	Refused Hads	J. Ellis, COI
	DAY	Y	Y	N	R	Watson	N	Refused	Hall, COI
	EVE	Y	Y	N	N	CCOT	N	Ref. tylenol	J. Biggs, COI
TUE	MORN	Y	Y	N	N	Alben	N	Refused Hads	J. Ellis, COI
	DAY	Y	Y	N	R	Watson	N	Refused	Hall, COI
	EVE	Y	Y	N	N	CCOT	N	Ref. tylenol	J. Biggs, COI
2/2/05	MORN	Y	Y	N	N	Alben	N	Refused Hads	J. Ellis, COI
	DAY	Y	Y	N	R	Watson	N	Refused	Hall, COI
	EVE	Y	Y	N	N	CCOT	N	Ref. tylenol	J. Biggs, COI
WED	MORN	Y	Y	N	N	Alben	N	Refused Hads	J. Ellis, COI
	DAY	Y	Y	N	R	Watson	N	Refused	Hall, COI
	EVE	Y	Y	N	N	CCOT	N	Ref. tylenol	J. Biggs, COI
2/3/05	MORN	Y	Y	N	N	Alben	N	Refused Hads	J. Ellis, COI
	DAY	Y	Y	N	R	Watson	N	Refused	Hall, COI
	EVE	Y	Y	N	N	CCOT	N	Ref. tylenol	J. Biggs, COI
THUR	MORN	Y	Y	N	N	Alben	N	Refused Hads	J. Ellis, COI
	DAY	Y	Y	N	R	Watson	N	Refused	Hall, COI
	EVE	Y	Y	N	N	CCOT	N	Ref. tylenol	J. Biggs, COI
FRI	MORN	Y	Y	N	N	Alben	N	Refused Hads	J. Ellis, COI
	DAY	Y	Y	N	R	Watson	N	Refused	Hall, COI
	EVE	Y	Y	N	N	CCOT	N	Ref. tylenol	J. Biggs, COI
2/5/05	MORN	N	N	N	N	Alben	N	Med given	E. Williams, COI
	DAY	Y	Y	N	R	Watson	N	Med given	Hall, COI
	EVE	Y	Y	N	N	CCOT	N	Med given	J. Biggs, COI
SAT	MORN	Y	Y	N	N	Alben	N	Med given	J. Biggs, COI
	DAY	Y	Y	N	R	Watson	N	Med given	Hall, COI
	EVE	Y	Y	N	N	CCOT	N	Med given	J. Biggs, COI
2/6/05	MORN	Y	Y	N	N	Alben	N	Med given	G. Lang, COI
	DAY	Y	Y	N	R	Watson	N	Med given	Hall, COI
	EVE	Y	Y	N	N	CCOT	N	Med given	J. Biggs, COI
SUN	MORN	Y	Y	N	N	Alben	N	Med given	G. Lang, COI
	DAY	Y	Y	N	R	Watson	N	Med given	Hall, COI
	EVE	Y	Y	N	N	CCOT	N	Med given	J. Biggs, COI

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.  
 Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
 and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Exhibit 6A